

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## Original Communications.

### CASE OF SUBACUTE RHEUMATISM, COMBINED WITH CHOREA, BRONCHITIS AND ENDOCARDITIS.

By HALL CURTIS, M.D., Boston.

W., 15 years old, a pale, delicate-looking girl, with dark hair and black eyes, who had been somewhat forced in her studies at the grammar school, and during the past three years had been languishing and anemic, was seen by me Saturday, March 14, at 10, P.M. She had been ailing since Tuesday. I found her on a lounge, in a high fever, complaining of violent headache, sore throat, stiff neck; infra-maxillary glands tender; otalgia of each ear; nothing marked about fauces except injection of mucous membrane. For twenty-four hours she had felt acute pain in sole of left foot, which at base of toes was tender and swollen. No dejection for seven days. Poultice to foot. Castor oil ʒss., and repeat if necessary. Dover's powder gr. x.

Sunday morning.—In bed. Pulse 100. Respiration 32. Temperature 103.8. Had three dejections. Headache gone. Skin less feverish. Tongue with dark-brown coat. Throat red and very sensitive. Seemingly hysterical. No pain in neck or ears. Foot free of pain, but swollen at metatarsophalangeal articulations. The external malleolus was very sensitive and puffy, but not red. Complaints of pain through each shoulder-blade. Cough loose. Sonorous rales through front of right lung. Pleuritic rubbing sounds in left chest. Dover's powder at night; fomentation to ankle; jacket poultice of flaxseed and mustard to chest.

Monday, 9, A.M.—Pulse 104. Respiration 32. Temperature 100.6. Skin moist and warm. Throat natural. Tongue covered with white, flaky fur. Patient in tears; complains of pain in both ankles and knees, with great sensitiveness on pressure; the same with left wrist and elbow; pains through shoulder-blade con-

tinued. Some cedema, without blush, about knees and ankles; the wrist and elbow without cedema, redness or heat. Frequent spasmodic outcries of pain, though the parts are at rest. *Irregular twitching movements of right side of face and right arm.*

5, P.M.—Decubitus dorsal. Quiet, apparently without pain. Skin hot, but with tendency to moisture. Legs painful when moved. Joints of both arms now affected; left arm moved stiffly, without motion in elbow or wrist. Face yellow in patches. Respiration 24 to 32. Pulse 100. Temperature 102.8. Has not micturated since yesterday, twenty-five hours. Dover's powder at 9, P.M., and midnight. Syrupi calcei gtt. x. every four hours. Beef-tea and lemonade. All cotton and linen removed; body clothed in flannel, and laid between blankets. Hot fomentations to hypogastrium.

Tuesday, 9, A.M.—Pulse 102. Respiration 32. Temp. 102.8. Decubitus dorsal. No signs of pain, except now and then, when, in the short and rapidly repeated breathing, she complains of pain above the left mamma. Skin hot and still dry, but more supple, with tendency to moisture. Joints somewhat swollen. No pain in legs, though they feel as if numb. Passed water yesterday and this morning. Says arms are painful, not only in joints, but also in continuity; not so stiff as yesterday. Face flushed on each cheek. Action of heart rapid, with no abnormal sound. Complains, with sighs, of pain, referred to anterior part of chest on breathing or coughing. Coughs now and then, with tracheal rale. Mucous rales at top of left lung posteriorly; in lower portion, pulmonary sounds are perhaps blowing; right side, breathing harsh. Twitching continues to show itself occasionally in right side of face; no irregular movements of arms. Magnesie citratis; Dover's powder gr. v. at 8 and 12, P.M.; syrupi calcei gtt. xx. every two hours.

Wednesday, 9, A.M.—Pulse 112. Respiration 24 to 28. Temperature 100.5. Had a restless afternoon and night; dreaming during night, with difficulty of breathing.

[WHOLE No. 2103.]

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Took milk with pleasure. No defecation. Quietly propped up in bed. No pain in limbs. Joints of arm slightly cedematous, but not sensitive. Skin moist and perspiring. Face sallow. Tongue cleaner. Herpetic eruption on lower lip. Her only complaint is of sternal and subclavicular pain. Breathing at times impeded by tracheal mucus. Cough, without sputa. Lung-sounds normal over anterior chest; posteriorly, mucous râles. Heart's action rapid, without murmur. *Magnesia citratis*; Dover's powder at night; *syropi calcei* as before; squill, tolu and camphor mixture for cough; flaxseed and mustard poultice to chest; champagne, beef-tea, milk and ice cream.

Thursday.—Pulse 108. Respiration 32 to 36. Temperature 100.5. Yesterday, about noon, had very severe pain under left clavicle, which was relieved by mustard poultice, and gradually lessened during the afternoon—ceasing at 8 o'clock, P.M. She then fell asleep, and had a quiet night. Now, without pain. Ankles and legs somewhat swollen. Cardiac sounds normal. Right lung, posteriorly, normal; left lung, healthy respiration heard throughout, with an occasional wet râle, principally at upper and middle portion, and at end of inspiration; no dry râles. Face *placid*. Tongue clean. Skin moist and warm. Some slight expectoration of a muco-purulent type.

Friday.—Pulse 96. Temperature 99. Respiration 36. Had a good night. No pain. Last evening, again had slight return of pain in left clavicle. Coughs considerably, with bloody, yellow sputa. No cardiac murmur, and feels stronger.

Sunday.—Was restless Saturday, with sudden outbursts expressive of pain in cardiac region. A systolic valvular murmur, loudest at base. The irregular movements have disappeared.

Tuesday.—Has been quite comfortable. Respiration 32. Pulse 88. Temperature 99. Last evening, complained of pain in left wrist; none now. Joints all free from pain. Tongue clean. Appetite good. Coughs but rarely. Cardiac murmur as on Sunday. Omit all former treatment, and to take tincture of muriate of iron *gtt. v.* in infusion of quassia three times a day.

The connection between rheumatism and chorea has been noted by many observers during this century, the merit of tracing it resting with the English. In 1802 (in the *Essays on Practical Medicine* of Guy's Hospital), rheumatism is positively indicated as one of the causes of chorea; and in the same publication, in 1820, it is established

that the dance of St. Vitus alternates at times with acute articular rheumatism.

In 1821, Copeland (*London Medical Repository*) reported a case of rheumatism and chorea alternating, with subsequent complete paralysis. The autopsy disclosed an effusion in the pericardium and a deposit on the spinal marrow—an extension of rheumatism to the membranes of the cord.

In 1839, Bright brought forward six instances where the coincidence of chorea and acute affections of the heart and pericardium were noticed.

In 1849, the French Academy of Medicine established a concours on chorea. Two memoirs carried off the prize—1st, that of M. Sée (*Rapports du rhumatisme et des maladies du cœur, avec les affections nerveuses et convulsives*); 2d, that of M. Roth (*Histoire de la musculature irresistible, ou de la chorée anormale*.)

Numerous instances have been given by Andral, Bouillaud, Mackintosh, Watson, Todd, Kirkes and Trousseau, in which cardiac affections have caused or been followed by chorea and other spasmodic diseases, and their evidence proves a large number of persons afflicted with chorea had been subject to rheumatic attacks.

Trousseau admits the existence of rheumatic chorea; he has described, in his *clinique*, cases of St. Vitus's dance preceded by rheumatism, or complicated with cardiac affections. He has especially marked out scarlatinal rheumatism as a cause of chorea; and, finally, he regards the law of coincidence of the two diseases "comme acquise à la science, en retranchant ce qu'elle aurait de trop exclusif."

Dr. Sidney Ringu has observed cases of chorea with considerable elevation of the temperature, but without any of the ordinary evidences of rheumatism. He believes such cases may tend to show that even in those in whom there has been no previous evidence of rheumatism it probably existed, but was latent in all respects save that of the elevation of temperature.

We learn from M. Sée:—It is not rare to see joined to the then existing painful affections of the joints a second morbid element, viz., rheumatism of the pericardium, of the endocardium, of the heart, of the pleura and of the peritoneum. There are cases where the first manifestation is sometimes chorea, at times cardiac; others, more frequent, where rheumatism appears first. Others, again, where it is impossible, either from the simultaneous appearance of two of the complications, or from fault in taking the case, to know under what head it should be placed.

In the immense majority of cases—five times out of seven (M. Sée)—the rheumatism appears first, the irregular muscular movements appearing as the fever falls. M. Sée gives thirty-seven cases in which the rheumatism preceded the chorea, and five only where the chorea appeared first. Thus it is principally when the rheumatic attack has lost its violence, used up in its attack upon the joints, that it is developed in the nervous system. Moreover, slight, benign attacks of rheumatism are more frequently complicated with chorea than the violently inflammatory ones. In a large number of choracic children, the rheumatic affection may have shown itself only in vague pains, of doubtful site, often unappreciated, and generally attributed to the growth (growing pains).

This mingling of rheumatism and chorea is almost entirely confined to children. Trousseau, Botrel and Sée have given some instances occurring in young women; some are also given by English writers. But, what for adults is the exception is for children the rule—from the excitability of the nervous system in childhood.

In the *Archives Gén. de Médecine*, 1866, '67, '68, has appeared a very elaborate, as yet uncompleted description of these diseases, from the pen of Dr. Henri Roger (Hôpital des Enfants), entitled "*Recherches Cliniques sur la Chorée, sur la Rhumatisme et sur les Maladies du Cœur chez les Enfants*," with 77 fully described cases. He draws the following conclusions:—

1st. Rheumatism, contrary to general opinion, is by no means rare in young people. It is not a disease of the new-born or of nurslings, nor usually found before the fifth year of life. After that it becomes almost as common as with adults. Its most frequent cause is dampness, with cold. Scarletinal rheumatism is almost always brought out by exposure to cold—limited usually to the hands and neck, the parts of the body not covered by bedding. Acute torticollis is the appanage of children, as lumbago is of adults. With children, rheumatism appears generally in a *subacute* form; yet its complications are as severe as with adults—a slight rheumatic attack hardly implicating one or two joints. Even simple rheumatic pains may be complicated with endo-pericarditis of the gravest character, and give rise also to pulmonary congestion and chorea.

As with adults, cardiac complications are the most frequent, so much so that the coincidence of rheumatism and carditis is a law. In some cases, the cardiac affection commences the series of the rheumatic de-

velopment. When the rheumatism is complicated with peri- or endo-carditis, there is often a left pleurisy, at times a double pleurisy. Cerebral rheumatism is less frequent and more benign in the young than in the adult, and shown only when the rheumatism existed with chorea.

2d. Chorea is a complication of rheumatism peculiar to youth, whose near relationship is proved by those cases where it has appeared during the convalescence or shortly after the cure of a rheumatic attack; by those cases of rheumatism complicated with chorea in the height of the attack, or even from its very commencement; by those cases of coincidence and alternation of the rheumatism and the chorea.

At the same time, there is a certain antagonism between the two diseases—regarding their violence—for very acute rheumatism affecting many joints, is complicated generally at its commencement, or in its course, with cardiac affections, and not with chorea—or if this appears, it is limited in extent, is feebly marked and transitory.

On the contrary, a slight attack of rheumatism becomes joined by a chorea whose course is long, whose manifestations violent. Our views of the frequency with which chorea follows rheumatism in infancy, should affect our prognosis of the latter disease. A child with rheumatism is always in danger of chorea, and each of these affections is equally prone to cardiac or pulmonary complications.

M. Roger closes one of his memoirs, saying:—"The history and description of rheumatism can no longer be treated without including St. Vitus's dance as an important element, and all writers on chorea will necessarily be obliged to mention its rheumatic type."

#### INGROWING TOE-NAIL.

MR. EDITOR.—In reading the Boston Medical and Surgical Journal for many years, I have noticed several ways of treating ingrowing toe-nail. I have practised the following method for a long time with perfect success. Take caustic potash and burn down the growth at the side of the nail; then apply the caustic to such a portion of the nail as you wish to remove, being careful not to injure the matrix. In a few days you can wipe off the section of the nail, it having been dissolved by the caustic, leaving the surface smooth and healthy for the nail to grow over. Very little pain attends the operation.

S. B. KELLY.

Franklin, N. H., March 20, 1868.

## IMMATURE OBSERVATIONS.

By GEO. B. WILLSON,\* M.D., Port Huron, Mich.

THERE is incalculable injury done the profession every little while whenever a new remedy is introduced, by a host of superficial observers and ready writers, who rush into print through the medical journals to give their evidence in favor of the efficacy of the new medicine in every conceivable form of disease or injury. In many cases—nay, I might say in a majority—the writers have only tried the remedy once or twice, and then, instead of waiting to see if the cure be permanent or not, they publish a report of it, perhaps the same day; very often, at all events, while the patient is yet in the convalescent state and before recovery is complete. The report of cases in such a manner, or even very soon after what is regarded as complete recovery, is highly reprehensible. These persons seem fearful that some one else may have had a similar case and will publish it before they do. But it is with regard to new remedies, or the trial of old remedies in some new way, that the greatest nuisance arises. It will be recollected how, on the introduction of glycerine into general use a few years ago, the journals were crammed to overflowing with accounts of its wonderful effects and the variety of its applications. From every part of the country, and in every medical journal, and in every number of every journal for about a year, there came accounts of the uses made of glycerine, and of its efficacy in diseases when applied externally or exhibited internally. It is no exaggeration to say that it was recommended in every disease ever heard of as prevailing in this country. As an external application in skin diseases of every kind there came reports of its trial with successful results. Its soothing and anodyne properties as an eye wash devoid of all irritation were duly vouched for; and its efficacy, in short, in every disease, not excepting consumption, in which some one found it an excellent substitute for cod liver oil. Any one giving credence to one half of what was written about it could come to no other conclusion than that nearly or quite one half of the *Materia Medica* could now be dispensed with and glycerine substituted. Amid all this flood of positive evidence not one word of negative found its way, nor even to this day, though hundreds must have seen the fallacy of most of the statements, has there been anything of the negative kind published. Now where such a course is pur-

sued about a remedy, and every new remedy goes through the same round that glycerine has, how is one to know from journals or books what the remedy is good for at all? To say that a remedy is equally good for every thing, is to say that it is really good for nothing. Most of those letters and notices concerning its varied powers were written after only one successful case. At the present time, and then also, a chapter of negative evidence on the effects of glycerine and kindred articles was much more needed than that of a positive kind. To such an extent has this mistake been carried, that the same is true of almost every article of the *Materia Medica*. The most valuable paper that could be published on any one of them would be an enumeration of what it would *not* do.

The very valuable medicine perchloride of iron had to run the gauntlet like glycerine, and came near being swamped with the flood of evidence in its favor. Both of these articles now require a long chapter of negative evidence to restore them to their proper place and estimation. But in fact every article of the *Materia Medica* needs the same. As an instance of the confusion to which so much positive evidence leads, I give my own experience:—A few years ago I was appointed by our State Society chairman of a committee to report on the action of *quinine*. I set about my task by attempting to collect and classify what had been written on the subject, but I soon found that impossible. I became satisfied that I could produce good authority (members of the profession in good standing) proving it to possess almost every power attributed to each of the common classes of medicine, and also proving it to be a specific in every disease of the nosology, and in every stage of each disease. There was little or no conflicting evidence to be found—all the evidence was of the positive kind. There were one or two writers who ventured a negative as to its exhibition in large doses in the second stage of typhoid and continued fevers, but their opinions met with much opposition from other observers. Hence quinine had all powers and virtues, and cured all diseases, and was admissible and desirable in every stage and every condition of every disease. This was the inevitable conclusion derived from consulting the written authorities—text books, monographs, and medical periodicals. What was I to do under such circumstances? To give the amount of our knowledge on the action and virtues of quinine as derived from positive evidence would require

\* Now deceased.



a volume. Acknowledging my inability therefore to do justice to the subject, I began to write down what I thought quinine would not do. The chapter of positive evidence was full; it would do everything. The chapter of negative evidence was a blank, so I commenced the filling of it. I could get no assistance in that work; I had merely to write from my own experience and observation. But my observations were so limited that I did not deem them worthy of presentation.

Let any one take any other valuable remedy and see if he does not meet with the same difficulty that I did with quinine. We really know less of the therapeutic powers of our valuable medicines now than we did ten years ago—and why? Because what we knew then, and what we have learned since, is so overrun with unreliable statements that we find it impossible to separate the true from the false. About two years ago a physician reported in a journal that he found lupulin to be a specific for *delirium tremens*. He gave it in large doses, having in one instance given as high as six pounds! The enormous dose caused some parties to make inquiry for further information, which came in the next issue of the journal, to the effect, that not the lupulin itself, but a tincture made with six ounces of lupulin, and six pints of brandy, had been given!

I also saw it stated in one or two journals that gonorrhoea could be cured effectually in forty-eight hours by extract of conium, administered in twelve grain doses every two hours. Notwithstanding the enormous doses, the editors never expressed suspicion or gave a hint of caution. And to this day I have not seen a contradiction or explanation of the statement.

Again, wonderful cures of every disease were effected all over the country by tincture of cannabis Indica during the first few months after its introduction. Where are they now? Those who reported most of them could not tell the effects of the medicine from the workings of nature, and so became discoverers, and must needs astonish the world forthwith by publishing their discoveries.

I could publish a long list of negative evidence with regard to cannabis Indica, but it is unnecessary now as the article seems to be sinking into obscurity. Of perchloride of iron, too, a long list of negative evidence is wanted. The article is a valuable one, and ought to be disencumbered from the trash that correspondents have heaped upon it.

"ITCH INSECT."

MR. EDITOR.—In the London *Lancet* for April 4th, Dr. C. Hilton Fagge, who has translated Prof. Hebra's work on Cutaneous Diseases for the New Sydenham Society, gives a new method for the diagnosis of scabies, which I think will assist my friend Dr. J. C. White and myself in our efforts to eradicate, at least from the minds of our professional brethren, the idea that there exists a disease called, during the rebellion, the *army itch*; or, in other words, that the *itch* exists without a *sarcopiles hominis* as its cause.

Physicians generally, as well as professed dermatologists, know how difficult it often is to find the itch insect, without seeing which your medical brother who sends or brings the case to you will not believe in the truth of your diagnosis. Now this is especially the case when the insect has been for some time annoying the patient, and we have a variety of appearances, such as inflamed patches, vesicles, pustules and crusts, then fresh burrows of acari are not so readily found. Dr. Fagge has therefore taken some of the crusts and boiled them in a solution of caustic soda (3ss. of solid hydrate to 3i. water) till they were in great part dissolved. He then allows the fluid to settle, pours off the supernatant liquid, and proceeds to examine the flocculent deposit. He has thus found the acari, or rather skeletons, so to speak, in a most perfect condition. In one case he took about as much of the crusts from the forearms and hands as would cover a shilling piece, and treating it as above, found in not more than half of the boiled residue twelve acari and five eggs. He thinks the acari were alive in the crusts, which, if so, of course proves that these latter may be a means of contagion, heretofore not positively decided. Dr. Fagge found the young six-legged mite in this manner, and thinks the male acarus may also so be found.

The dermatologist accustomed to seeing the ravages of the itch insect, and the ravages which the patients have produced on their skin from the constant scratching which the itching calls for, needs but rarely the corroborative evidence of the animal itself, for to a practised eye the *terrain* implicated determines the diagnosis. Nevertheless the above method of search is new and valuable.

B. JOY JEFFRIES.

DR. C. R. AGNEW has been elected ophthalmic surgeon to the Nursery and Child's Hospital, New York.

## REGISTRATION OF DEATHS, &amp;c.

By CHARLES E. BUCKINGHAM, M.D.

My article of the 14th of May has brought out two commentaries. The first was by Dr. Derby, in the JOURNAL of the 28th of May. His position is, that registration is desirable, which is granted, provided that proper means be taken to make the registration correct. I contend that such means are not taken, and that so long as those means are not taken, "the law as it stands is of very little value."

The second commentary is by A., who ought to have put his name to it, in the JOURNAL of June 4th. He says:—

"Now, whatever the letter of the law may express, no physician is ever required, or expected, to furnish a certificate under such circumstances, after such facts are communicated to the person soliciting it; nor would such physician hazard one infinitesimal chance in a thousand by merely saying that the patient was not his at the time of death. A simpler step to get rid of the annoyance could hardly be imagined."

The positive statement "no physician is ever," &c., would indicate the writer as one in authority, who knows what he speaks of, or thinks he knows. I have only to say, in reply, that I have been called upon, under such circumstances, over and over again, when the undertaker knew that I had not been in attendance at the time of the patient's death, and that I knew of the death only by his statement.

A.'s second point is, "there may be data by which a physician can determine the cause of death as accurately as if he had been in attendance from the commencement of the illness to the decease of the subject." To this I can only reply, that however competent A. may be to testify in such matters, I have not acquired the ability to give a positive statement of fact upon hearsay evidence.

Again. A. asks:—

"With regard to the request made of Dr. B. to fill a certificate of a former patient who had subsequently sought the healing art of a spiritual medium, it might not be out of place to ask, if the request did not cease the moment the Doctor was pleased to inform the undertaker of the fall of his quondam patient from medical grace?"

To this question the answer is—No. Furthermore, Dr. B. was asked to state his reason for the refusal in writing, and declined, hoping that he might be enabled to bring the matter before court, and that, as a

consequence, the law might be purged of some of its absurdities, which duty hitherto the Legislature has refused to perform. Perhaps it is as well that the Legislature have not meddled with it this year, or they might make a penalty for attending the sick, just as they have made it a prison offence to *kill an ox*!

As I stated in my first article—"In the other case, two physicians were in attendance after me, and I had been confined by sickness for weeks before the man's death." This was known to the undertaker, who was informed of the fact at my own house, while I was sick, but who came twice, hoping that I should reconsider my refusal, and state as a fact that Mr. — died on a certain day, at a certain age, of a certain disease which had existed a certain time, when he knew that I had only his evidence that Mr. — had died while I was sick in bed.

A. is not certain that he understands the object of my remarks in the JOURNAL of May 14th, "but the main drift of them, however, seems to be in opposition to the *present* registration law." With the italicism, A. is correct. But there was another object—to call the attention of medical men to the fact that many of them are in the habit of signing statements too loosely, and that the day will yet come when "the signer of such certificate will find himself cornered by an attorney," in a most just as well as ludicrous manner.

The law, with all deference to A.'s statement, does by its letter require more than the certificate of the last attendant, and it imposes an absurd penalty upon him, and upon any other physician who may have been in attendance.

The closing paragraph of A.'s article, with certain amendments, I would most surely assent to, and it should read as follows:—

"The law could do no better than to exact a certificate from attending physicians, containing the facts already stated; and to be of any value it could not do less: and it should not require anything else. The facts brought together and expressed in the manner provided by a proper registration law, would be a collection of facts capable of general application and of public benefit. One would naturally suppose that physicians, above all other professional men, would readily perceive the value of the object which the law in question was designed to effect, and would be unwilling to place any obstructions in the way of pro-

perly carrying out a proper law in its spirit. Indeed, it does not seem too much to expect that they would submit to a little trial of their patience, and a slight expenditure of time, if need be, to help along the good work."

Some two or three years ago, one of the Boston members of the Legislature made an attempt to have the law amended, but could not succeed. Had it been an attempt to waste the money of the State, or to tax or injure the property of the City of Boston, perhaps he might have been successful.

## Hospital Reports.

### BOSTON CITY HOSPITAL.

Notes of Operations for the Month of April, 1868. Reported by F. W. DRAPE, House-Surgeon.

**CASE I.—Compound and Comminuted Fracture of the Femur; Amputation of the Thigh.** (Service of Dr. GEO. DERBY.)—M. K. S., laborer, aged 37, a strong, robust, healthy man, while engaged in loading heavy logs, was thrown violently upon the frozen ground from the top of his cart, a distance of seven feet. He received, upon falling on his back, the full force of a blow from one of the logs, which followed him from the top of the load, striking him upon the anterior of both thighs. He was brought five miles, in an express wagon, over a rough road, to the hospital, and on his arrival was in a condition of extreme prostration. Upon examination, it was found that the left femur was very much broken up in its lower third. The soft tissues were pulpified and disintegrated. Slight hæmorrhage through a small compound opening was checked by pressure. The extreme shock contraindicated immediate operation. After four hours, stimulants having been, meanwhile freely administered, there appeared to be sufficient reaction to warrant the proceeding, and the thigh was amputated at the junction of the middle and upper thirds, by the circular method. The consequent hæmorrhage was slight. There was no good reaction subsequently. The patient continued collapsed, stimulants failing to produce their effect. He continued to sink, and died, thirty-six hours after the amputation.

The femur was examined, and found to be very extensively broken up, the condyles being fissured in all directions, and the knee-joint freely opened.

**CASE II.—Strangulated Inguinal Hernia.** (Service of Dr. CHEREVER.)—C. B., a healthy

male, aged 23, had had an oblique inguinal hernia during the last ten years, but had never had much trouble with it, and had not worn a truss. Twenty-seven hours before entrance to hospital, the hernia became strangulated, giving rise to vomiting, acute abdominal pain and general distress. At the time of admission, the scrotum was swollen to the size of a cocoa-nut, and was red and oedematous. The pulse was 116, full and strong.

**Operation.**—Patient etherized, and parts shaved. An incision, five inches long, was made, extending from Poupart's ligament downward along side of the scrotum. The tissues of the scrotum were found to be oedematous in considerable degree. On making an incision into the sac, six ounces of serum escaped, and the strangulated intestine was observed lying in close relation with the testicle, and in the same cavity, thus demonstrating the hernia to be congenital. On passing up the index finger, the constriction was found to be at the internal ring. About twelve inches of intestine had passed through the rings, and all that was exposed was of a chocolate or mulberry color, tense and shining. At the internal ring, a portion seemed fastened tightly, being held by what appeared to be fecal matter. The stricture at the internal ring was divided, with some difficulty, with a probe-pointed hernia-knife, on the index finger, as a director. The intestine was slowly returned. Very little hæmorrhage, and no ligature required.

Continued very comfortable, without pain or tenderness in the abdomen, until twenty-four hours after the operation, when a slight degree of tenderness began to be developed in the left inguinal region, accompanied by scanty and frequent sanguineous dejections. Morphine sulph. was administered subcutaneously p. r. n. Pain, tympanites and delirium succeeded, and the patient died sixty-five hours after the operation. No autopsy.

**CASE III.—Epithelioma.** (Service of Dr. DERBY.)—S. D., female, aged 79, first noticed a small wart-like excrescence on lower lip four months ago. It slowly developed until recently, when its growth has been rapid, and it is now of the size of a filbert. The whole mass was excised, under ether, by a V-shaped incision, and the patient discharged, nearly well, nine days after.

**CASE IV.—Amputation of Forearm.** (Service of Dr. GEO. DERBY.)—M. R., aged 51, cutler, dates his disability to the bite of a black spider, six months ago. For this injury, the index finger of one hand was am-

puted, because, as he reports, in consequence of the sting, the finger became mortified. Following the amputation, came necrosis of the metacarpal bone of the same finger; this bone was removed, but the recovery was slow. Unhealthy, indolent ulcerations persisted about the seat of the operation, and he was discharged at that time, with three or four small ulcers on the dorsum of the hand. After three months, he again enters the hospital. The ulcers, in the interval, have spread and united, and the whole external aspect of the hand presents an indolently granulating surface. Mobility in all the fingers of the affected hand is greatly impaired, but not wholly lost. The patient earnestly desires amputation, preferring the loss of the entire hand to any risk from the attempt to save a portion of it.

The forearm was amputated April 24th, by the circular method, with skin flap. The loss of blood was inconsiderable. Cold-water dressing the first two days, was succeeded by carbolic-acid lotion of a strength of  $\frac{1}{2}$ ss. to the pint of water. The healing process has progressed very favorably up to the present date.

CASE V.—*Polypus Uteri; Excision.* (Service of Dr. GEO. DERRY.)—C. C., aged 37, domestic, unmarried, observed, about a year ago, an unusual discharge from the vagina, immediately preceding the regular catamenial flow. It was sometimes of a dark-brown color, and at others light red, and in either case was, as she thought, distinct from the menstrual discharge, which has always been regular. The patient had always been healthy and robust, but the repeated flowing had reduced her considerably. Her continued discharge, as well as the almost incessant pain and bearing-down sensation in her back and loins, led her to seek advice at the hospital. Through the abdominal walls, in the median line and just above the pubes, a round tumor was observed, as large as the fist. On examination *per vaginam*, there was discovered a firm, ovoid, elastic, movable tumor, filling the upper half of the vagina. Neither the os uteri nor the attachment of the tumor could be felt or seen on examination under ether, with the aid of the lever speculum and the hand introduced into the vagina. She remained in a horizontal posture, in bed, three weeks, remedies being administered, in the interval, to support the strength and promote the normal functions. The increasing debility, the natural consequence of the repeated flowings which had continued, made operative interference im-

perative. It was accordingly determined to remove the tumor by means of the ecraseur. The patient was etherized, and placed in the lithotomy position, with the hips elevated, and the thighs well apart. The tumor in the vagina, being exposed by means of retractors, was seized by vulsellum forceps and held firmly. It lay in the cavity of the vagina, now completely filling it, and with its most pendent portion just within the external orifice. The chain of an ecraseur was passed, with much difficulty, over the posterior face of the tumor, and engaged around the whole mass as far up in the vagina as it was possible to carry it. By slow turns, the growth was torn through until a pedicle of less than an inch remained; at this stage, the chain broke near the point of section. A second instrument was adjusted, and the tumor was then cut through effectually. Its removal from the vagina was then accomplished by means of vulsella, with some difficulty. Very considerable hæmorrhage followed. It was controlled by liq. ferri perchlor., and the vagina was plugged with sponges.

The tumor was found to be fibrous, attached to the inside of the body of the uterus, and its pedicle, passing through the cervix, was divided very near the os tincæ. The portion removed was ovoid, and weighed twelve ounces Troy. Its longitudinal axis measured six inches, and its lateral four and a half inches; and the diameter at the point of section was three and a half inches.

The patient recovered from the effects of the operation without unfavorable symptoms. The reaction was early and sufficiently complete. The sponges were removed from the vagina the next day, and a vaginal injection of diluted liq. sodæ chlorinatæ ordered. There was no pain, and the patient felt much relieved, her previous symptoms having subsided. Catheterized twice daily. On the fourth day, she had a chill. On vaginal examination, the stump of the polypus appeared to have descended through the os uteri considerably, and to protrude an inch or more. Purulent discharge from vagina abundant. On the fifth day, nausea and vomiting became quite troublesome. Various antispasmodics failed to control it. Takes liquid diet—milk, arrowroot, egg nogg, &c. On the sixth day, the tumor had disappeared from above the pubes, and the growth occupied very nearly the same position in the vagina with that of the mass removed. Vomiting continues. Debility very marked. Beef-tea enemata, with  $\frac{3}{4}$ ss. spiritus frumenti, were

given every two hours, and retained without inconvenience. In the morning of the seventh day, it was evident that the patient was sinking rapidly. The pulse was 140, and scarcely perceptible at the wrist. All efforts at stimulation were ineffectual, and the patient died.

A *post-mortem* vaginal examination was made. The hand was passed through the vagina and into the cavity of the uterus. The os uteri was completely patulous. The tumor was entirely disintegrated, and was sloughy throughout. Its origin in the uterus was determined to be in the anterior wall of the body of that organ, by a pedicle two inches broad, embracing the anterior third of the body; the posterior wall was wholly free. The patient evidently died from purulent infection. No further *post-mortem* examination could be made.

CASE VI.—*Complicated Hare-lip.* (Service of Dr. GEO. DERBY.)—C. M., an unhealthy female infant of eight weeks, had a congenital hare-lip of one side, complicated with a very extensive fissure of the palate. The upper lip was freely dissected up on each side of the fissure, and the edges of the fissure were refreshed by a V-shaped incision. The edges were approximated and held by silk sutures passed deeply, supported by an adhesive strap. Good recovery in fourteen days.

CASE VII.—*Double Hydrocele.* (Service of Dr. GEO. DERBY.)—R. P., aged 58, laborer. Scrotum began to distend a year ago, on the right side, and shortly afterwards on the left. It had continued to fill, until, at the time of entrance, it was nearly as large as the patient's head. It was tapped with a small-sized trochar, and thirty-five ounces of straw-colored serum were withdrawn. The epididymus was found considerably enlarged and indurated. The scrotum began directly to refill, and after three weeks it was tapped again, and eight ounces of fluid removed. The tendency to refill seemed to be stayed by the second operation.

AN OLD RELIC.—On the 8th of February last, M. Couvreur, a surgeon of St. Hilaire (Meuse), was successful in extracting a musket-ball from the leg of M. Goubeaux, a retired grenadier of the Old Guard of Napoleon I. M. Goubeaux had received his wound at the battle of Waterloo, and several previous attempts had been unsuccessfully made to extract the missile.—*New York Medical Record.*

VOL. I.—No. 20A

## Reports of Medical Societies.

ESSEX NORTH DISTRICT MEDICAL SOCIETY.

G. W. GARLAND, M.D., SECRETARY.

DR. WILLIAM COGSWELL, of Bradford, reported a case of spurious ankylosis of the shoulder-joint of long standing, caused by a fall forward, striking, or catching hold of an object above the head with the hand. The arm had been suspended and confined to the chest for months—ankylosis the result.

A careful examination could not detect the least motion of the joint. Drs. Cogswell and How administered ether, and broke up or overcame the contraction of the muscles, tendons or aponeuroses. Although no apparent change in the form of the joint could be seen or detected, yet when the joint was forcibly extended, a snap was heard by the surgeons, so startling that for a moment they supposed they had fractured the humerus. Passive motion of the joint was daily made, and the result was the recovery of almost complete usefulness of the joint.

*On the Revulsive Action of Diuresis in Diseases of Infants.* By G. W. GARLAND.—Observation has taught us that the first palpable effect of irritation, both general and local, is to diminish intestinal and urinary secretion; that immediately following this a febrile state appears, which, if allowed to continue, may quickly produce alarming symptoms, and in young subjects cerebral disturbance is among the earliest.

Dentition is the most prolific source of irritation in children, and its early effect on the renal secretion has not received that attention which it demands; neither has the revulsive action of diuresis on the irritative fever of dentition, or its effect as a preventive of alarming symptoms been pointed out by recent authors as it should be.

We may safely affirm that there is but little danger from dentition so long as the kidneys act freely, however distressing the symptoms may be. The same remark will hold true in most cerebral affections of children produced from sympathy.

In health, the kidneys are carrying on an active eliminative process, and the skillful physician will avail himself of it in treating all diseases, particularly those numerous and varied febrile affections of children during the first two or three years of their lives.

When a physician of experience finds a



little sufferer lying in a half comatose state, turning its head from side to side, he learns, with infinite anxiety, that the patient has not passed urine for the last twenty-four hours. In our judgment, this moment of intense concern and point of imminent danger may be avoided, many times, by *early* and *repeated* stimulation of the kidneys. A diuresis which will *often* prove critical, and will always be followed by the very best results, may be promoted almost at once by the cathartic action of a full dose of Rochelle salts, followed by repeated doses of nitrate of potassa—the most simple as well as the most efficient means that can be resorted to. We would not preclude all other treatment. Mucilages and sedatives are important, and indeed must never be wholly dispensed with, but my late experience with potassa has made it a hobby with me in the *early* symptoms of dentition.

Dr. William Cogswell remarked that he was in the habit of giving salines and following them with iodide of potassium, or bromide of potassium where there was wakefulness, with marked results.

*Case of Labor, with Twins.* By Dr. J. C. How, of Haverhill.—An examination *per vaginam* revealed a breech presentation. The body of the child was soon expelled, and an attempt to deliver the head also revealed the presence of the head of a second child, with the vertex resting upon the left shoulder of the first child. The left ear of the first child was opposed to the left ear of the second, with occiputs inclined to the pubic arch, and *thus locked were in the pelvis*. The head of each child was, so to speak, imbedded in its fellow's neck, and without any change of position they were expelled.

Dr. How remarked that he had consulted many authors, but found only one case reported in which the two heads occupied the pelvis together and were naturally expelled; this case was reported by Dr. Allen, in the *Medical and Surgical Journal*, vol. xii., page 366, and is referred to by Ramsbotham and Ferguson. In Dr. How's case there was but one placenta, the funis having a common origin, and bifurcating at about two inches from its insertion. The children were stillborn, and were of medium size.

*Purpura Hemorrhagica.* By Dr. OLIVER S. LOVEJOY.—Mrs. H., aged 18, was delivered of a healthy child, Nov. 29, 1866; had a good recovery, and nursed her child till the following autumn. In September, 1867, she became pregnant again, and soon

after began to have scrofulous swellings on the sides of the neck, breasts, &c. Previous to January, 1868, she had consulted several physicians, with no apparent benefit. I saw her occasionally during the months of January, February and March, at my office. March 23d, was called to the house, and found her bleeding from the gums and fauces. One week previous, had had a severe attack of flowing.

March 24th.—Bleeding from nose, and was obliged to resort to plugging.

25th.—Same.

26th.—Bleeding from gums and fauces.

27th.—Same.

28th to 31st.—Bleeding from nose, gums and fauces.

April 1st.—Bleeding from sore on the face and eyelids.

2d.—Very severe bleeding from the nose. Was seen by Dr. J. C. How, in consultation.

3d.—No bleeding from the nose, gums or fauces, but is vomiting large quantities of blood from the stomach. Was seen by Dr. Wm. Cogswell, of Bradford, in consultation.

4th.—Bleeding from the lungs.

The morning of the 5th, no bleeding, but is sinking rapidly. From 12, M., to 9, P.M., no pulse, but has her reason fully. At about 9½ o'clock, P.M., labor sets in, and at 10½ o'clock, is delivered of a dead child. At the usual time after birth, after-pains came on quite severely. Died at 1 o'clock, A.M., of the 6th, 2½ hours from the birth. There were a number of blood-spots seen under the skin.

#### RHODE ISLAND MEDICAL SOCIETY.

THE fifty-seventh annual meeting of the Rhode Island Medical Society was held at Providence, Wednesday, June 10th. The meeting was called to order at 10½ o'clock, the President, Dr. Otis Bullock, of Warren, in the chair. Reports of various committees were presented and accepted.

Dr. Bullock declined a re-election as President, and Dr. J. W. C. Ely was elected President for the ensuing year. The election was completed by the choice of the following officers:—*Vice Presidents*—Dr. George L. Collins, Dr. Lloyd Morton. *Recording Secretary*—Dr. George E. Mason. *Corresponding Secretary*—Dr. C. W. Parsons. *Treasurer*—Dr. T. K. Newhall. *Censors*—Drs. Dunn, Eldridge, Mauran, Gardner, Morton, Fabyan, Ballou, Clapp and Bullock.

The report of the Trustees of the Fiske Fund showed a balance on hand of \$629.92. Premiums of \$100 each were offered for the best dissertations on the following subjects:

1. The Bromides: their Physiological Effects and Therapeutical Uses.
2. Cerebro-spinal Meningitis—Pathology and Treatment.
3. Graves's Disease (so called)—Pathology and Treatment.
4. Carbolic Acid—its Therapeutical and Hygienic Uses.

The annual oration was delivered in an eloquent and effective manner, by Dr. Geo. E. Mason, of Providence, on "Hysteria," and was listened to with much interest and satisfaction. At five minutes before two o'clock, the Society adjourned.

The semi-annual meeting in December, will be held in Providence.

#### NEW HAMPSHIRE MEDICAL SOCIETY.

THE seventy-eighth annual meeting of the New Hampshire Medical Society was held at Manchester, N. H., on June 2d and 3d, 1868. A large number of Fellows were present. Twelve new members were admitted upon recommendation of the Council. The Annual Address was delivered by the President, Dr. Robinson, of Concord. Reports were read by Dr. Conn, of Concord, delegate to Vermont Medical Society; by Dr. Hill, of Dover, delegate to Maine Medical Society; and by Dr. Wheeler, of Dover, delegate to Dartmouth College. Dr. Peabody, of Epsom, read a paper upon the Practice of Medicine; Dr. Pray, of Dover, one upon the Thermometry of Diseases; Dr. Whipple, of New London, one upon Prosecutions of Medical Men. Dr. Wheeler, of Dover, gave an oration upon Medical Diagnosis, and Dr. How, of Manchester, one upon Medical Education. The officers elected for the following year were:—*President*—Dr. L. G. Hill, of Dover. *Vice President*—Dr. Wm. H. Brown, of Manchester. *Secretary*—Dr. C. F. P. Hildreth, of Suncook. *Treasurer*—Dr. Thomas Wheat, of Manchester. The next annual meeting will be held at Concord upon the third Tuesday of June, 1869.

CINNABAR, of a beautiful vermilion color, is found in an unusual form in Idaho, being abundantly spread throughout a gangue so massive, compact and homogeneous, that specimens may be cut and polished like marble.

## Bibliographical Notices.

*The Economy of the Animal Kingdom, considered Anatomically, Physically and Philosophically.* By EMANUEL SWEDENBORG. Translated from the Latin by Rev. AUGUSTUS CLISSOLD, M.A. Two vols. 8vo. Pp. 564-432. Boston: T. H. Carter & Son. 1868.

THE age of dreamers is not past; nor is the occupation of the seer obsolete. More and more, year by year, we are reminded how all things repeat themselves, as we see old fallacies revived, and old theories revamped for the modern market.

But the age of the dreamer in science is passed away. It is too late for mysticism in realities. The crucial test of experiment shivers the alembic of the middle-age chemist searching for the philosopher's stone. The microscope has so far quickened our vision that we can see through delusions. Anatomy is positive; chemistry infallible; physiology unerring, when once found out. Facts ruin theories. Physics overpower metaphysics.

The book whose title heads this notice is as much out of place in our world of to-day, as an illuminated missal would be in a modern printing office. It is quite as useless. It is an odd jumble of the older theories of physiology, held together in a barely coherent whole by philosophical platitudes and false deductions, unsustained by facts. To reproduce it in this age is to reproduce rubbish.

Those who live to dream may find in the so-called theology of Swedenborg enough material for the exercise of their credulity. Those who live to learn and to labor for truth, would brush away his empty theories of science, as the dust and cobwebs of a period which can never return to us.

NEURINE FORMED SYNTHETICALLY.—In a memoir quite recently presented to the French Academy, M. Wurtz communicated some further researches on this point. He has now succeeded in demonstrating that the synthetical neurine is identical with that prepared from ordinary brain substance. He bases this identity on the fact that the chemical reaction and crystalline form of the two substances are exactly the same.—*Medical Times and Gazette*.

## Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 18, 1868.

### ANDERSONVILLE, FROM A CONFEDERATE ACCOUNT.

THE last two hundred pages of the volume of the U. S. Sanitary Memoirs, from which we recently quoted,\* is devoted to a Confederate account of Andersonville.

"The third and concluding section of this volume is devoted to a Report by Prof. Joseph Jones, M.D., of investigations relating to the diseases, mortality, &c., at the military prison in Andersonville, Ga. These investigations, undertaken at the instance of Prof. Jones, were prosecuted under the authority of the Surgeon-General of the Confederate Army. As an Official Report, by a Confederate medical officer, this section will have interest for all classes of readers. For the medical reader it will be valuable as a record of facts showing the relations between the prevailing diseases and the mortality at the Andersonville prison, and the morbid influences to which the prisoners were exposed."

So says Dr. Flint, in his introduction to Section Third, which is entitled—"Investigations upon the Diseases of the Federal Prisoners confined in Andersonville, Ga., &c., by Joseph Jones, M.D., Professor of Physiology and Pathology in the University of Nashville, and formerly Surg. in the Provisional Army of the Confederate States."

"Hearing of the unusual mortality amongst the Federal prisoners confined at Andersonville," says Dr. Jones, "I expressed, during an official visit to Richmond, Va., in the month of August, 1864, to the Surg.-General, S. P. Moore, U.S.A., a desire to visit Camp Sumpter, with the design of instituting a series of inquiries upon the nature and causes of the prevailing diseases."

In pursuance of this plan, Dr. Jones had entire authority given him, and prosecuted his work very thoroughly. We have all the official documents given, as well as the testimony of Dr. Jones, taken at Washington. While, of course, we may make allowances for the point of view from which these observations were made, and dissent from

some of the arguments used in justification of the Confederate authorities, we must admit that all the statements have the air of candor and truth.

Dr. Jones first gives a thorough description of the topography of Andersonville, and of the natural products of the country. It appears that the whole stockade, or prison, covered *twenty-seven* acres, and that the number of prisoners at one time reached *forty thousand*. We may consider 1000 men to the acre as a fair average of the density of population of the prison. As to the quality of the water, where it entered, and when it left the stockade, he says:—

"The waters of the streams, wells, and springs within the stockade (Confederate States Military Prison) and the Military Prison Hospital (Federal) were also subjected to careful chemical examination, and were found in like manner to be of remarkable purity."

"The waters of the streams issuing from the Stockade and Hospital are contaminated by the excrements, filth, and offal of the Federal prisoners, and contain not only these matters and various salts resulting from their decomposition, but also numerous maggots, animalculæ, and cryptogamous plants."

"As these waters, loaded with filth and human excrement, flow sluggishly through the swamp below, filled with trees and reeds coated with a filthy deposit, they emit an intolerable and most sickening stench. Standing as I did over these waters in the middle of a hot day in September, as they rolled sluggishly forth from the stockade, after having received the filth and excrements of twenty thousand men, the stench was disgusting and overpowering; and if it was surpassed in unpleasantness by anything, it was only in the disgusting appearance of the filthy, almost stagnant, waters moving slowly between the stumps and roots and fallen trunks of trees and thick branches of reeds, with innumerable long-tailed, large, white maggots, swollen pease, and fermenting excrements, and fragments of bread and meat."

As to the bread furnished:—

"I carefully examined the bakery and the bread furnished to the prisoners, and found that they were supplied almost entirely with corn-bread, from which the husk had not been separated. In this respect the meal did not differ from that issued to the Confederate soldiers in the field."

The scarcity of sieves in the Confederacy was the excuse urged for the issue of unbolted corn meal to the Confederate soldiers, as well as to the prisoners of war. The husk of the Indian corn appeared to act as an irritant to the alimentary canal, without adding any nutriment to the bread. As far as my examination extended, no fault could be found with the mode in which the bread was baked—the difficulty lay in the failure to separate the husk from the corn meal.

I strongly urged the preparation of large quantities of soup made from the cow and calves' heads, with the brains and tongue, to which a liberal supply of sweet potatoes and vegetables might have been advantageously added. The materials existed for the preparation of such soup, with little or no additional expense. Such aliment would have been not only highly nutritious, but it would also have acted as an efficient remedial agent for the removal of the scorbutic condition."

The following is but a partial description of the sick :—

"The sick within the Stockade lay under several long sheds, which were originally built for barracks. These sheds covered two floors which were open on all sides. The sick lay upon bare boards, or upon such ragged blankets as they possessed, without, as far as I observed, any bedding, or even straw.

"Pits for the reception of fæces were dug within a few feet of the lower floor, and they were almost never unoccupied by those suffering with diarrhoea and dysentery.

"The haggard, distressed countenances of these miserable, complaining, dejected, living skeletons crying for medicine and food, and cursing their government for its brutality in refusing to exchange prisoners, and the ghastly corpses with their glazed eyeballs, staring up into vacant space, with the flies swarming down their open and grinning mouths, and over their ragged clothes, infested with lice, as they lay amongst the sick and dying, formed a picture of helpless, hopeless misery, which it would be impossible to portray by words or by the brush. A feeling of disappointment and even of resentment on account of the action of the United States Government upon the subject of the exchange of prisoners, appeared to be wide-spread, and the apparent hopeless nature of the negotiations for the general exchange of prisoners appeared to be a cause of universal regret, and of deep and injurious despondency.

I heard some of the prisoners go so far as to exonerate the Confederate government from any charge of intentionally subjecting them to protracted confinement, with its necessary and unavoidable suffering, in a country cut off from all intercourse with foreign nations, and sorely pressed on all sides; whilst on the other hand, they charged their prolonged captivity upon their own government, which was attempting to make the negro equal to the white man.

"That I have not misrepresented the sentiments of these prisoners is clearly demonstrated by the following resolutions passed a short time after my examination of the Stockade, by these same Andersonville prisoners who had been transferred to Savannah."

The resolutions are appended, and were copied into the Northern journals during the war.

With regard to the condition of the sick, and the causes of disease, Dr. Jones adds :

"The patients and attendants, near two thousand in number, are crowded into this confined space, and are but poorly supplied with old and ragged tents. Large numbers of them were without any bunks, and lay upon the ground, oftentimes without even a blanket—no beds or straw appear to have been furnished.

"The tents extend to within a few yards of the small stream, the eastern portion of which, as we have before said, was used as a privy, and was loaded with excrements; and I observed a large pile of corn bread, bones, and filth of all kinds, thirty feet in diameter, and several feet in height, swarming with myriads of flies, in a vacant space near the pots used for cooking.

"Millions of flies swarmed over everything, and covered the faces of the sleeping patients, and crawled down their open mouths and deposited their maggots in the gangrenous wounds of the living, and in the mouths of the dead. Myriads of mosquitoes also infested the tents, and many of the patients were so stung by these pestiferous insects that they appeared as if they were suffering from a slight attack of measles.

"The police and hygiene of the hospital were defective in the extreme; as the attendants were selected from the prisoners, they not only robbed the sick of their clothing and rations, but also neglected their comfort and cleanliness in a most shameful manner. The sick were literally incrustated with dirt and covered with vermin.

"When a gangrenous wound needed washing, the limb was thrust out a little from the blanket or board or rags upon which the patient was lying, and water poured over it, and all the putrescent matters allowed to soak into the ground-floor of the tent.

"The supply of rags for dressing wounds was said to be very scant; and I saw the most filthy rags, which had been applied several times and imperfectly washed, used in dressing recent wounds. When hospital gangrene was prevailing, it was impossible for any wound to escape contagion under these circumstances."

The medical attendance was entirely insufficient, and it was somewhat difficult to find surgeons willing to serve in this post, and leave the excitement of the field.

We have not space to quote half of what we could wish to, from this volume. We strongly advise our readers to add it to their libraries. We shall hereafter give the general conclusions upon the diseases of the Federal prisoners confined at Andersonville, to which Dr. Jones was led from his investigations.

**URIC ACID DEPOSITS.**—The question of the origin of uric acid deposits has been so long involved in obscurity that we hasten to lay before our readers a short sketch of a theory recently propounded, and which we think in entire accordance with the facts of practice and the conditions of theory. In a paper which was laid before the Royal Academy of Munich, Herr Franz Hofmann has given an explanation of the deposition of uric acid which is at once reasonable and simple. The urine, he says, may acquire a deposit of uric acid or urates on cooling, and this is said to be due either to the cooling of the secretion below the temperature of the body, or because of the presence of an excess of the uric acid. The first cause must be very rare, because the deposit does not appear till some time after the change of temperature, and because reheating does not dissolve it. The second cause he states is never present. The quantity of uric acid formed by a healthy man ranges in the day from four decigrammes to two grammes, and it never exceeds this. He has collected the urine of arthritic patients, and, seeing it full of deposit, expected to find a large proportion of uric acid, and yet a quantitative analysis proved that the quantity present was almost too small for estimation. Uric

acid cannot be excreted as such by the kidneys, for it is insoluble in the urine, and in freshly voided urine it exists only in the form of urates. Scherer long ago expressed the belief that the uric acid was set free from its combinations by the action of lactic acid, which he thought was abundantly present in the fluids of the body. But Pettenkofer sought for this substance in vain, and in its stead found creatinine. Again, Baron Liebig, in his famous memoir, asserts that lactic acid is absent from urine, and demonstrates that the acid reaction of the secretion is due to the presence of acid phosphates. Herr Hofmann has observed that in neutralizing urine less and less alkali is required according as the time since voiding increases. He is therefore led to the interesting conclusion that the uric acid deposited is owing to the decomposition of the urates by the acid phosphate of soda; and he alleges that if equal quantities of solutions of these two salts be added together it will be found that uric acid will be set free by decomposition of the urate, and the liquid from having been acid will become alkaline. Under ordinary circumstances, then, the deposition of uric acid takes place subsequent to the expulsion of the urine; but should the acid phosphates of soda be in excess, the uric acid may then be precipitated before the secretion is voided, and may thus give rise to gravel and calculi. This may also occur through too great concentration of urine. The first cause operates when an excessively albuminous diet containing phosphorus is employed; the second may be brought about by violent exercise, catarrhal affections, and the diaphoresis which succeeds the inflammatory state.—*Med. Times and Gaz.*

**ON THE NATURE OF JOB'S ILLNESS.**—At the *séance* of the *Société Impériale de Médecine de Lyon*, of January 21, 1867, M. Nolle read a paper on the nature of Job's illness, which he considered to have been scorbutus, for the following reasons: the nervous phenomena, cachexia, severe stomatitis, fetid breath, difficulty in eating, wasting of the body, abdominal pains, and diarrhoea. He also considers that the dark discolorations of the skin, the petechial eruptions, the purpura, and the effusions of blood in the internal organs, were so many pathognomonic signs of the disease. He examined in detail the claims to consideration of syphilis, elephantiasis graecorum, psoriasis annulæ, and lepra (probably psoria-



sis, also), as well as those diseases dependent upon vegetable parasites, rejecting them all in favor of scorbutus.

In the discussion which followed the reading of this paper, M. Diday said, that he regarded the disease in question to have been tertiary syphilis, objecting, among other reasons, to scorbutus, on the ground that this disease is epidemic or endemic, while Job seems to have been the only one affected; and also, that if the gums had been sore, and the teeth loosened, as stated, Job could not have held long conversation! M. Gerin thought that the disease was general eczema, from the size of the ulcers, the color of the crusts, and their pulverulent nature. He also added, that scorbutic or syphilitic ulcers of so grave a nature as those described, would have been incurable.

M. Gaillon, rejecting the opinions previously expressed, conceived the disease to have been psoriasis or pemphigus, basing his opinion upon the fact that, although anesthesia of the skin existed at the commencement of the attack, hyperesthesia with nocturnal pains came on towards the close; and he cited cases of lepra which had been observed in Mexico, in confirmation of his view.

M. Nollet, in reply to M. Diday, stated that scorbutus, although generally endemic and epidemic, is sometimes sporadic; that Job did not talk in a loud voice; on the contrary, his voice was muffled; that his disease could not have been tertiary syphilis, first, because there is no mention of contagion; and, secondly, because the attack was not chronic; and, moreover, all the symptoms pointed to scorbutus.

To eczema he objected inasmuch as abdominal pains, hæmorrhages, and bloody diarrhoea, are rare in that disease. Psoriasis and pemphigus he also rejected; the first because the psoriasis of those times was a disease of parasitic origin, and was therefore contagious, while Job's disease was not; and also, because an eruption dependent upon a vegetable parasite is polymorphous, which was not the case here; the second, because pemphigus does not attack the mouth, neither is there a black form of the disease.

[It would appear that the only thing wanting at this interesting discussion was the exhibition of a photograph of the distinguished sufferer, which would have materially added to the value of the diagnosis expressed by the different members of the *Société Impériale de Médecine de Lyon*!—F. J. B.]—*New York Journal of Medicine*.

**A CASE OF TRUE MECHANICAL OBSTRUCTION OF THE BOWELS.**—Mr. Jeffreys reports the case in the *Lancet*. The patient was a healthy man of 49. When seen first, Saturday evening, he complained of pain in the left side of the abdomen. Had had no movement of the bowels since the previous Monday, on which day he had an attack of diarrhoea. Very slight constitutional symptoms. A hard, round, slightly movable tumor in left iliac region, tender on pressure. The tumor was supposed to be scybala, and a purgative was ordered, which produced several thin evacuations, but had no effect on the tumor. On Sunday, there was some fever, and a saline aperient was given. Monday, the symptoms were aggravated, and a careful questioning elicited the fact that on the Monday previous the patient had, by advice of one of his mates, inserted a wooden plug into his bowels to check his diarrhoea. This plug had not been removed. On inserting his forefinger its full length, Mr. Jeffreys at length caught the edges of a nail and drew out the plug. The plug was five inches long, and four and a half to five inches in circumference, and a tenpenny nail, which had been driven into it by the patient that he might be better able to pull it out, projected from it two inches. The patient began to mend immediately, and the next day but one was at work, as if nothing had happened to him.

**WONDERFUL PHYSIQUE.**—The *Friend of India* asserts that the Thibetan couriers ride for three weeks, with intervals of only half an hour to eat and change horses. It is the duty of the men in charge of the official Dak bungalows to see that the courier makes no delay, and to forward him—no matter in what condition he may be—to the next station. In carrying out these orders, they are often compelled to tie the unhappy courier upon his horse, and so, living or dead, make him complete his journey. All this may be true, but really three weeks, night and day, in the pigskin, does look a little like some of Baron Munchausen's wonderful exploits.—*Medical Times and Gazette*.

The matter of copying from our pages, without giving credit, by the *Buffalo Medical Journal*, to which allusion was made by us some weeks since, has been so explained in a private note by the Editor of that Journal, as to remove all grounds of complaint on our part.

## Selections and Medical Items.

**THE PENDULUM OF FASHION.**—Dr. E. J. Tilt, in a paper published in the *Lancet* of April 11, on therapeutics and the natural history of disease, says: "The natural history of diseases!" I have insisted over and over again that the right way of studying diseases of women was to do so by the light of the natural history of menstruation, showing the way in one of my works. If for thirty years of her life woman is bled every month moderately, and often exorbitantly, with impunity, that should at least teach the present generation of medical men that it is absurd to be afraid of damaging a patient's constitution by taking away ten ounces of blood in cases of inflammation. The perfect innocuity of vomiting, in most cases of pregnancy, will some day teach medical practitioners how foolish it was to give up the use of emetics in many cases of dyspepsia and biliary derangement. If I take the liberty of pressing on others to hasten as much as possible the process by which they are attempting to make up their minds as to the extent of the powers of nature in the cure of disease, it is for the sake of our patients and for the credit of our art. It is no consolation to men of moderate opinions to know that when the pendulum of the human mind has violently swung in one direction it will assuredly, after a certain lapse of years, swing back with equal momentum in the opposite direction. There is so little rest between extremes; we have only just escaped from the reign of exorbitant doses and over-stringent pharmaceutical formalism, and we are now menaced with a rapid return to that slough of expectant medicine which, centuries ago, was rightly stigmatized as "a meditation on death." Only a few years back and we were outrageously frightened by the bugbear of inflammation, and already our utility is often paralyzed by the bugbear of debility.—*New York Medical Record*.

**THE COST OF AN EPIDEMIC.**—Dr. BEVERIDGE, in an excellent paper on the Statistics of the Recent Epidemic of Typhus in Aberdeen, which has lasted nearly three years, and which he traces to overcrowding, makes the following calculation of its cost. Treatment of 4631 cases for 254 days, at 5s. per week, £4217: 10; loss of labor for 254 days of 3804 individuals (excluding children) at 10s. per week, £5928: 14; loss by adult deaths—value of labor of 184 males, at £13 per annum, for 10 years, £23,920; value of labor of 255 females at £6: 10s. per annum, for 10 years, £15,175; loss by deaths of 51 children and young persons, allowing one half to die before attaining adult life, viz.—value of labor of 12 males, for 20 years, at £13 per annum, £3120; value of labor of 12 females, for 20 years, at £6: 10s. per annum, £1560; probable cost of the epidemic, £55,021: 4. This estimate is, at the best, but a very rough approximation; but the whole has been kept down to the lowest figure, so that the result is in all probability understated, and yet the amount is a high one—equal, in fact, to a tax on the inhabitants of something over fifteen shillings per head. If, then, such has been the cost

in a small and comparatively healthy town like Aberdeen, what must it have been in the larger towns where this epidemic has been raging, and in many of which the rate of mortality has been higher; and, if the conclusions come to as the probable cause are correct, it follows that the whole of this waste of human life might have been prevented.—*Med. and Surg. Reporter*.

**CHOLERA AND THE ATMOSPHERE.**—During the autumn of last year, when the cholera was felt severely in Turin, Father Denza studied the meteorological condition of the atmosphere; he studied especially the connection between the prevalence of the disease and the absence of ozone. His observations were made at Moncalieri, rather more than half a mile from the town: the electricity was measured as well as the ozone. During the days in August and September, when the cholera was about its height, the amount of ozone present was variable, but considerable—perhaps about the average. The electricity, however, during those days almost entirely disappeared; it is an interesting observation.—*Ibid*.

## MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic; 10 A.M., Medical Lecture, 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit; 11 A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—Three Cases of Perinephritic Abscess—Tuberculosis and Pulmonary Phthisis—A Case of Inversion of the Uterus—Boston Lunatic Hospital Reports, No. II. Communication received.—On Embalming.

**MARRIED.**—In this city, 9th inst., Burt G. Wilder, M.D., to Miss Sarah C., daughter of the late Dr. Wm. Nichols, all of Boston.—10th inst., James I. Tucker, Jr., M.D., to Miss Adelaide U. Wood, both of Boston.—In New York city, Dr. T. S. Hanchett, of Wolcottville, Ct., to Miss Emma E., daughter of the late John C. Hayes, of Stonington, Ct.

**DIED.**—In this city, 14th inst., Abraham A. Watson, M.D.

**DEATHS IN BOSTON** for the week ending Saturday noon, June 13th, 77. Males, 41—Females, 38.—Accident, 1—apoplexy, 2—cancer, 1—cholera infantum, 1—cholera morbus, 2—bilious colic, 1—consumption, 20—convulsions, 2—cyanosis, 1—debility, 4—diarrhea, 1—scarlet fever, 4—typhoid fever, 4—disease of the heart, 4—disease of the kidneys, 1—inflammation of the lungs, 4—marasmus, 2—measles, 1—neuralgia, 1—old age, 4—paralysis, 3—teething, 1—unknown, 10—whooping cough, 2.

Under 5 years of age, 24—between 5 and 20 years, 11—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 56—Ireland, 14—other places, 7.